

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022464

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5238

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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1250-0

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USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

16 495-18-3943

495-18-3948

6-14-63

DOCUMENT

BY AFFIDAVIT OF *John Stygar*

MEDICAL CERTIFICATION

FILED MAY 27 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Spanish Lake</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Alexian Brothers Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>1124 June Ave.</i>	
3. NAME OF DECEASED (Type or print) First <i>STANLEY</i> Middle <i>F.</i> Last <i>ZYGMUNT</i>		4. DATE OF DEATH Month <i>May</i> Day <i>13</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-30-1919</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Ben Gutman</i>	
11a. FATHER'S NAME <i>Joseph Zygmunt</i>		11b. MOTHER'S MAIDEN NAME <i>Mary Burokipicz</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes WW 2</i>		17. INFORMANT Address <i>Anne Zygmunt, 1124 June Ave.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ARTERIOSCLEROTIC HEART DISEASE</i> DUE TO (b) <i>INFARCTION OF MYOCARDIUM DUE TO</i> <i>ARTERIOSCLEROTIC CORONARY THROMBOSIS</i> DUE TO (c) <i>ATRIAL FIBRILLATION; CHRONIC</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.1</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i> <i>1/2 HOUR</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <i>10:15</i> a.m. <i>p.m.</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Feb 1953</i> to <i>May 13, 1963</i> and last saw him alive on <i>May 13, 1963</i> Death occurred at <i>10:15 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>O. Jones</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>3616 S. BROADWAY, STL.</i>	
22c. DATE SIGNED <i>5/15/63</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5-17-1963</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis Missouri</i>	
24. FUNERAL DIRECTOR <i>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 15 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>		26. REGISTRAR'S SIGNATURE	

3616 St. Mary  
Ph 25626

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.